



**National Master Guardian
Re-certification Application**
Revised February 23, 2010



I certify that the information provided in this application is true and correct to the best of my knowledge and belief and understand and agree that I have a continuing obligation to advise the Center for Guardianship Certification if there is a change in circumstances.

Signature of Applicant

Date

Center for Guardianship Certification
PO Box 5704, Harrisburg, PA 17110
(717) 238-4689 ♦ (717) 238-9985 – fax
www.guardianshipcert.org



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National Master Guardian Declaration and Agreement

I affirm that I have carefully read and voluntarily agree to be bound by the Terms and Conditions of Certification listed below. Furthermore, I declare under penalty of perjury that the representations contained in this Declaration are true and complete.

Candidate Name

Date

Telephone Number

Address

Upon certification, the applicant and the CGC Board will be bound by the terms and conditions contained in this document. I understand that permission to use the certification designation the National Master Guardian is valid for a period of three years. At the end of such period, if the certification is not renewed, the certification expires and any right to use the designation will terminate. If I fail to comply with requirements to renew my certification, I agree to cease use of the designation immediately. I understand that the CGC Board may relinquish any rights I may have in the use of its designation if I fail to maintain a current certification status.

I have read and understand the NGA Model Code of Ethics, as well as the CGC Rules and Regulations regarding Certification and Re-Certification of National Master Guardians. I agree to adhere to the provisions of those documents as they presently exist and as they may be amended from time to time.

I further understand and agree that the CGC Board has the absolute and unrestricted right to revoke any rights I may have to use its designation National Master Guardian if it finds that I have failed to comply with the NGA Model Code of Ethics, and the CGC Rules and Regulations regarding Certification and Re-Certification of National Master Guardians.

In consideration of the certification granted hereby, I further agree that neither the CGC Board nor its directors, officers, employees and others acting on its behalf shall be liable to me for any actions taken or omitted to be taken in any official capacity or in the scope of employment, except to the extent that such actions or omissions constitute willful misconduct or gross negligence, and I hereby release the CGC Board and the other persons identified above from any liability for such actions or omissions.

I affirm that I have read carefully and understand the items set forth in this statement, including the release of liability and the items described herein. I further affirm that my statements are true and complete to the best of my knowledge and freely given.

Candidate Signature

Date

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DOCUMENTATION FOR RE-CERTIFICATION AS A NATIONAL MASTER GUARDIAN

NAME: _____ **Date Certified:** _____

Re-certification for the NMG certification requires attendance/participation in at least 30 hours of continuing education and/or guardianship training within the three-year certification period. Appropriate programs include junior college, university, state bar, state guardianship, or other specific seminars or training courses related to guardianships. Up to 10 hours of continuing education credit may be requested for teaching courses, speaking at seminars, or authoring books or articles. **You are NOT required to attach certificates of attendance for the program/course/work items described in the following list. However, it would best be advised to retain your certificates as there would be possible audits in the future.** The Certification Board may require additional information or documentation. Note: 60 minutes is equal to one CEU credit of instruction.

If you need additional space, photocopies of this form are acceptable.

Title of program/course/work: _____
 Sponsor: _____
 Location: _____
 Date(s) presented/published: _____
 Number of hours of attendance/teaching/preparation: _____

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 Location: _____
 Date(s) presented/published: _____
 Number of hours of attendance/teaching/preparation: _____

Total Hours: _____

I certify that I have completed the above and that I can produce appropriate documentation if requested by the Certification Board.

Signature: _____ Date: _____



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CHECKLIST FOR RE-CERTIFICATION

*Before mailing, please check to be sure that you
include these items in your packet:*

- Provide a completed application form that has been signed.

- Provide continuing education sheet filled out with a **minimum** of 30 hours for the past **three** years. For example if your re-certification date is 1/1/04, please provide thirty hours from the year 2001 to 2003.

- Provide the declaration and agreement that has been signed.

- Provide a check in the amount of \$225.00 and add an additional \$50.00 late fee (if applicable.) Please make all checks payable to CGC or Center for Guardianship Certification.

Please provide all of this documentation in order for your re-certification to be fully processed. Keep in mind that re-certifications not received within the expiration date are subject to a \$50 late fee.

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